

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A.S	943	2-12-1
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 II ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 1/10/01
2	✓ 1/10/01
3	✓ 1/10/01
4	✓ 1/10/01
5	✓ 1/10/01
6	✓ 1/10/01
7	✓ 1/10/01
8	✓ 1/10/01
9	✓ 1/10/01
10	✓ 1/10/01
11	✓ 1/10/01
12	✓ 1/10/01
13	✓ 1/10/01
14	✓ 1/10/01
15	✓ 1/10/01
16	✓ 1/10/01
17	✓ 1/10/01
18	✓ 1/10/01
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28	✓ 1/10/01
29	✓ 1/10/01
30	✓ 1/10/01
31	✓ 1/10/01
32	✓ 1/10/01
33	✓ 1/10/01
34	✓ 1/10/01
35	✓ 1/10/01
36	✓ 1/10/01
37	✓ 1/10/01
38	✓ 1/10/01
39	✓ 1/10/01
40	✓ 1/10/01
41	✓ 1/10/01
42	✓ 1/10/01
43	✓ 1/10/01
44	✓ 1/10/01
45	✓ 1/10/01
46	✓ 1/10/01
47	✓ 1/10/01
48	✓ 1/10/01
49	✓ 1/10/01
50	✓ 1/10/01

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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